## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: $\frac{7-1}{36}$ F27927 County: $\frac{K_{nxo}}{}$	Address:	UTNLEWNES, IN
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Seizure Location ( Residence Outbuilding	check all that apply)  Hotel/Motel Open - No Structure Other:
Items Found: Location (bedroom, kitchen, open a (check all that apply)   Lithium/Ammouia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Flammable Solvents:   Water Reactive Metal (Lithium):   Anhydrous Ammonia:   TRUCK   Red Phosphorous/Iodine Reaction(s):   Hydrochloric Acid Gas Generator(s):   Corrosive Acid:   Corrosive Base:   Other (item and location):   Other (item and location):   Corrosive Process   Corrosi		
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services  This report is to be faxed to the following agen	☐ Ephedring ☐ Retail/Mo ☐ Other: 10	e Information  c/Pseudoephedrine Tracking Log  crehant Tip  ESS MSS Complain  cation;
Fire Department: Vincennes Twp  Health Department: Knox Co  Child Protection Service:	Fax: <u>882 42</u> Fax: <u>88256</u> Fax:	<u>261</u> <u>25</u>
For further information regarding this methamphe Investigating Officer: Phor  *** This form is to be faxed to the Fire Department, Health listed within 24 hours of scene processing.  *** This form is to be included with the case file, and a content of the processing of the pr	ne <u>867-2079</u> th Department and/or Chil	d Protective Services Department